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REPORT OF THE EXECUTIVE DIRECTOR FOR 2009: PROGRESS AND ACHIEVEMENTS IN IMPLEMENTING THE UNFPA STRATEGIC PLAN

Summary

This report, covering 2009, the second year of the extended UNFPA strategic plan, 2008-2013, focuses on major initiatives undertaken by the Fund, the results and progress achieved during the year, and the challenges encountered. The report's structure and analysis are based on the two central results frameworks of the strategic plan, namely, the development results framework (with 13 outcomes) and the management results framework (with nine outputs). A 2009 update on the indicators of the 13 development outcomes is given in the annex. UNFPA expenditures pertaining to each of the 13 outcomes are provided under the integrated financial resources framework. The Statistical and financial review, 2009 (DP/FPA/2010/17 (Part I, Add.1), an addendum to the present report, provides further details on 2009 expenditures.

Elements for a decision are contained in section VIII of the present report.

The present report may be read in conjunction with the joint report of UNDP and UNFPA to the Economic and Social Council (E/2010/5), which discusses UNFPA work in many of the areas emphasized in General Assembly resolution 62/208. The Executive Board may also wish to reference other reports submitted to the Board's annual session 2010, including: (a) report on UNFPA internal audit and oversight activities in 2009 (DP/FPA/2010/20); (b) report on contributions by Member States and others to UNFPA and revenue projections for 2010 and future years (DP/FPA/2010/18); and (c) the biennial report on evaluation (DP/FPA/2010/19).

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CONTENTS

Page

I. INTRODUCTION 5

II. CONTEXT 5

III. DEVELOPMENT RESULTS FRAMEWORK 6

A. Population and development 6
B. Reproductive health and rights 13
C. Gender equality 21

IV. MANAGEMENT RESULTS FRAMEWORK 29

A. Managing for results 29
B. Partnerships 32

V. OPERATIONALIZING THE UNFPA ORGANIZATIONAL STRUCTURE 40

VI. INTEGRATED FINANCIAL RESOURCES FRAMEWORK 41

VII. MIDTERM REVIEW OF THE STRATEGIC PLAN AND RELATED PROCESSES 42

VIII. ELEMENTS FOR A DECISION 42

Annex 43

List of tables

Table 1: International population assistance by major donor category, 2007–2010 8
Table 2: Availability and utilization of data on ICPD-related issues 10
Table 3: Implementation of the minimum initial service package in humanitarian crisis and post-crisis situations 14
Table 4: Proportion of births attended by skilled health personnel in 2008 16
Table 5: Proportion of countries with caesarean sections as a proportion of all births that is less than 5% 16
Table 6: Reproductive rights are incorporated in CEDAW and related protocols reporting in 2009 22
Table 7: Proportion of countries that implement/enforce policies and laws in line with the United Nations Security Council resolution 1325 on women, peace and security in conflict and post-conflict situations 22
Table 8: Percentage of women who decide alone or jointly with their husbands/partners/others about their own health care 24
Table 9: Proportion of countries with reproductive rights of women and adolescent girls incorporated in national human rights protection systems 25

Table 10: Number and percentage of countries with laws that incorporate reproductive rights of women and adolescent girls, including in emergency and post-emergency contexts 26
Table 11: Reproductive rights of women and adolescent girls incorporated in national human rights protection systems in 2009 26
Table 12: Response to gender-based violence 28
Table 13: MRF output 1: Strategic plan indicator update 30
Table 14: MRF output 2: Strategic plan indicator update 31
Table 15: MRF output 3: Strategic plan indicator update 32
Table 16: MRF output 4: Strategic plan indicator update 33
Table 17: UNFPA participation in joint programmes, 2009 34
Table 18: MRF output 5: Strategic plan indicator update 35
Table 19: MRF output 6: Strategic plan indicator update 36
Table 20: MRF output 7: Strategic plan indicator update 37
Table 21: MRF output 8: Strategic plan indicator update 38
Table 22: Support provided by regional offices to countries 39
Table 23: MRF output 9: Strategic plan indicator update 40
Table 24: UNFPA assistance by strategic plan outcomes 41

List of acronyms

ARV	Antiretroviral therapy
ASRH	Adolescent sexual and reproductive health
BSB	Biennial support budget
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHAP	Common humanitarian assistance plans
CSOs	Civil society organizations
DHS	Demographic and health surveys
DOS	Division for Oversight Services (UNFPA)
EECA	Eastern Europe and Central Asia
EQA	Evaluation quality assessment
FBOs	Faith-based organizations
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
H4	Health 4 partnership (WHO, UNFPA, UNICEF and the World Bank)
HACT	Harmonized approach to cash transfers to implementing partners
HLCM	High-level Commitee on Management
ICPD	International Conference on Population and Development
IHP	International Health Partnership
IMIS	Integrated management information systems
IPPF	International Planned Parenthood Federation
LDCs	Least developed countries
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
MISP	Minimum initial service package
MMR	Maternal mortality ratio
MOPAN	Multilateral Organizations Performance Assessment Network
MRF	Management results framework
MTR	Midterm review
MYFF	Multi-year funding framework
NDPs	National development plans
NEX	National execution
NGOs	Non-governmental organizations
OECD/DAC	Organization for Economic Cooperation and Development/ Development Assistance Committee
OSAGI	Office of the Special Adviser on Gender Issues and Advancement of Women
PAD	Performance appraisal and development system
P&D	Population and development
PMTCT	Prevention of mother-to-child transmission
RBM	Results-based management
RDTs	Regional directors teams
RHCS	Reproductive health commodity security
SRH	Sexual and reproductive health
STIs	Sexually transmitted infections
SWAps	Sector-wide approaches
UNCT	United Nations country team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
WHO	World Health Organization
YWCA	Young Women's Christian Association

I. INTRODUCTION

1. The present report, covering 2009, the second year of the UNFPA strategic plan delineates the major initiatives undertaken by the Fund and the results and progress achieved during the year, as well as the challenges encountered in implementing the strategic plan.[1] The report's structure and analysis are based on the two central results frameworks of the strategic plan, namely, the development results framework and its 13 outcomes and the management results framework and its nine outputs. UNFPA expenditures under each of the 13 development outcomes are provided in the integrated financial resources framework (section VI). This report includes an update on operationalizing the UNFPA organizational structure approved by the Executive Board in decision 2007/43. Section VII of the present report briefly outlines the context for the midterm review (MTR) of the strategic plan in 2011. Section VIII contains elements for a decision. The annex contains the 2009 indicator update pertaining to the 13 outcomes of the development results framework.

2. The present report uses data and information gathered from UNFPA internal reporting instruments, notably the 2009 annual reports from all UNFPA divisions and units including 128 reports from country offices. Surveys and evaluations providing additional information and perspectives have also been included in the analysis, such as the independent global staff survey, the Multilateral Organizations Performance Assessment Network (MOPAN) survey and UNFPA evaluations/assessments during 2009. UNFPA also conducted an online survey in the first quarter of 2010 for partner feedback on aspects of the Fund's performance and preliminary findings have been included. The UNFPA 2009 Annual Report provides further country examples of the Fund's support in all the strategic plan focus areas (this separate publication will be available in mid-June at http://www.unfpa.org).

II. CONTEXT

3. In 2009, the commemoration of the 15th anniversary of the landmark International Conference on Population and Development (ICPD) took place against the backdrop of financial turmoil and economic downturn. The global financial and economic crisis threatens to reverse progress achieved in eliminating poverty and derail achievement of the Millennium Development Goals (MDGs). Estimates suggest that the crisis has left an additional 50 million people in extreme poverty in 2009 and some 64 million will become extremely poor by the end of 2010,[2] relative to a "no crisis" scenario. Social and economic distress have further complicated redressing gender inequality and improving reproductive health and rights, which are at the centre of the ICPD agenda. Funding for population and reproductive health has been stagnant for years, and if the current pace of progress on maternal health continues (the slowest, compared to other development areas), the MDG 5 target on reducing maternal mortality is not expected to be reached by 2015.

4. Effects of the financial crisis have exacerbated concerns about other long-term problems, such as food and energy insecurity and climate change. The mutually reinforcing influence of several crises has been forcing the poor to choose between meeting basic food/fuel needs and accessing social services. Women and girls are most impacted by such dilemmas due to greater gender discrimination in a time of tight family budgets. Also, climate change disproportionately affects poor communities, especially women, who are overrepresented among the poor.

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[1] Through its decision 2009/16, the Executive Board extended the UNFPA strategic plan, 2008-2011, to 2013, including the integrated resources framework and the UNFPA global and regional programme.

[2] *Global Economic Prospects. Crisis, Finance, and Growth 2010*, The World Bank.

5. In the midst of the global crisis, UNFPA has consistently advocated for sustained, if not increased, investments in health and for using technology and data to reach the poor and monitor impact. UNFPA cooperates with other United Nations agencies on the design of a global vulnerability alert system. It also promotes human-centred approaches for adaptation to climate change, building on community resilience and women's empowerment, as highlighted in the UNFPA report *State of World Population 2009, Facing a changing world: women, population and climate*. Consistent with its commitments, UNFPA welcomes the establishment of a new gender entity (as per General Assembly resolution 63/311), which is envisaged to contribute to better coordination within the United Nations system on gender-related programming. UNFPA will work closely with the entity once it becomes operational, including to ensure more effective implementation of the ICPD Programme of Action.

III. DEVELOPMENT RESULTS FRAMEWORK

6. As per its strategic plan, UNFPA continued to provide support to countries to implement national priorities related to ICPD goals, based on the principle of national ownership and focusing on supporting systems and institutional development for government and civil society organizations (CSOs). In 2009, UNFPA support was provided in the context of the 13 outcomes of the strategic plan's development results framework in the Fund's three focus areas of population and development; reproductive health and rights; and gender equality. This section reports on each of these outcomes, briefly describing (a) global progress on the outcome and strategic plan indicators; (b) UNFPA contributions and achievements during 2009 regarding the outcome; and (c) challenges and lessons learned. The present report also includes UNFPA total expenditures for each of the strategic plan outcomes. The annex contains an update on the strategic plan outcome indicators against the baselines and targets.

7. Overall, UNFPA expended a total of $591.6 million in 2009 on the strategic plan's 13 development outcomes. Of this amount, nearly half was from core resources ($287.2 million) and $304.4 million was from other resources. The majority of resources, that is approximately 67 per cent, was spent on the strategic plan focus area of reproductive health and rights. UNFPA spent approximately 20 per cent on the focus area of population and development and 13 per cent of resources were spent on the focus area of gender equality. The expenditures under each of the outcomes are given in table 24 in the section on the integrated financial resources framework.

A. Population and development

Goal 1: Systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.

8. About 20 per cent of UNFPA programme assistance was expended in the area of population and development and totalled $76.9 million from core resources and $38.4 million from other resources during 2009. UNFPA country offices reported support to such areas as policy/strategy development, data, 2010 round of censuses, as well as emerging population and development issues.

Outcome 1: Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.

Progress on the outcome/indicators

9. It is encouraging to note that in 2009 population dynamics and its interlinkages with poverty were incorporated in 79 per cent of national development plans (NDPs); reproductive health, including HIV/AIDS in 75 per cent NDPs; and gender equality dimensions in 78 per cent NDPs (see annex on strategic plan 2009 indicator update).

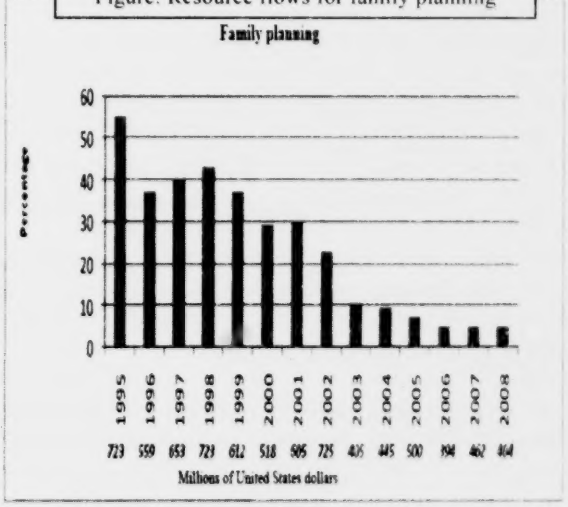
UNFPA programmatic contributions/achievements in 2009

10. Country offices have reported that the availability of data, including census and survey data, as well as the availability of studies on population issues provide a useful basis for sensitizing and raising awareness about population issues as well as promoting these issues with policymakers. For example, in the Central African Republic, Comoros and the Syrian Arab Republic, key population issues are already identified in the national population reports; and in Honduras, these issues were carefully analysed in a comprehensive population situation analysis. In Turkey, UNFPA supported a demographic study in collaboration with the Turkish Business Association, exploring linkages between population dynamics and social sectors. The respective reports are expected to serve as a useful basis for the formulation of broader national development policies and plans.

Challenges and lessons learned

11. Whereas many countries today explicitly include population issues in development plans and policies, several country office reports highlighted that population issues are not necessarily integrated in these plans and policies in a coherent manner. In Ethiopia, for example, in spite of considerable progress, population and development issues are not well integrated in national, subnational and sectoral development plans and frameworks and often the integration is not reflected through a holistic approach in the implementation of development interventions and programmes. Similarly, in Mozambique there are limited linkages between priorities defined within social and economic plans and the allocation of funds, especially for cross-cutting issues such as gender and HIV/AIDS. More effective integration of population issues in development strategies requires strengthened capacities, including a clear recognition of the linkages between reproductive health interventions and poverty reduction.

Figure: Resource flows for family planning



Resource flows to ICPD activities

12. In 2009, UNFPA revised the ICPD cost estimates to meet current needs and costs and to bring the cost estimates more in line with the funding needs for achieving the MDGs. In the Secretary-General's report (E/CN.9/2010/5), the analysis

shows that donor assistance has been increasing steadily over the past few years and is estimated to have reached $10.2 billion in 2009. However, given the current financial crisis, it is expected that funding levels will not continue to exhibit a strong upward trend, but may increase slightly to $10.6 billion in 2010.

13. A rough estimate of resources mobilized by developing countries as a group yielded a figure of $23.2 billion for 2008. The 2009 and 2010 figures are expected to follow the same pattern, increasing only slightly to $23.3 billion in 2009 and to $25.7 billion in 2010. However, as can be seen from the figure on resource flows for family planning, the percentage of resources for family planning has been declining. UNFPA prepared an advocacy brochure "Financing the ICPD Programme of Action: Fifteen Years Later" to advocate for additional resources to ensure that population programmes are adequately funded. UNFPA also prepared reports for monitoring resource flows in each region and helped build regional and country capacity to implement an efficient and timely monitoring system to track financial resource flows for population activities. Furthermore, UNFPA enhanced collaboration with the World Health Organization (WHO) in the area of collecting expenditure data for reproductive and maternal health.

Table 1
International population assistance by major donor category, 2007–2010 (millions of $)

Donor category	2007	2008 (provisional)	2009 (estimated)	2010 (projected)
Bilateral assistance				
Developed countries	7,488	8,950	8,788	9,202
Multilateral assistance				
United Nations system	62	14	103	107
Development bank grants	52	46	75	78
Development bank loans	577	354	354*	354*
Private assistance				
Foundations/NGOs	554	643	837	871
Subtotal without bank loans	8,155	9,653	9,804	10,258
Total	8,732	10,006	10,158	10,612

Source: UNFPA, 2009, *Financial Resource Flows for Population Activities in 2007* and resource flows project database.
Note: Totals may not add up due to rounding.
*The 2009-2010 figures for development bank loans are estimated at the 2008 level.

Outcome 2: Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend.

Progress on the outcome/indicators

14. UNFPA continued to work in coordination with governments and other partners towards the inclusion of young people's rights and multisectoral needs in poverty reduction strategies and development frameworks. This contributed to a considerable extent to the fulfilment of the right of

young people to participate at all levels of national policy development, implementation and monitoring. The proportion of countries that address young people's multisectoral needs within their NDPs and poverty reduction strategies was reported as 58 per cent in 2009. However, in the case of emergency preparedness plans/documents, the proportion of countries incorporating young people's sexual and reproductive health (SRH) needs was reported to be higher at 69 per cent in 2009.

UNFPA programmatic contributions/achievements in 2009

15. UNFPA country offices reported strategic contributions to incorporate young people's issues in poverty reduction strategies and NDPs, and support youth organizations and structures for young people's participation in youth advisory panels and peer education networks. The UNFPA country office in Malawi was instrumental in providing technical and financial support to the youth sector. Advocacy by young people directed to Members of Parliament, through a campaign supported by UNFPA, led to halting a law allowing marriage at the age of 16. In China, support was provided to representatives of youth and youth-serving organizations from the China Youth Network to discuss major challenges and gaps in relation to adolescent sexual and reproductive health (ASRH) to inform the development of ASRH strategies/reviews of NDPs. The UNFPA country office in the Sudan reported supporting youth centres at the state level to allow for community-driven dialogue and services for young people. In the Dominican Republic, UNFPA mapped youth organizations in 14 municipalities and trained youth on policy dialogue, programme management and advocacy. In Egypt, along with four other United Nations agencies, UNFPA supported a national survey of young people, the first in over 10 years. At the global level, UNFPA worked with the World Bank to finalize an inter-agency resource toolkit on the inclusion of young people and their issues into poverty reduction strategies and NDPs. UNFPA also supported Tackling Poverty Together to provide online e-courses for young people on how to advocate for the inclusion of their issues into national policy frameworks and as follow-up supported alumni to develop and implement action plans for advocacy.

16. Young people's needs in humanitarian situations. In 2009, UNFPA supported the "Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings". UNFPA successfully advocated for the integration of ASRH in emergency plans and other humanitarian documents such as common humanitarian assistance plans (CHAP) and consolidated appeal processes. In Uganda, young people's SRH issues were included in the CHAP for the post-conflict areas of the country. In Indonesia, UNFPA has been supporting the Government for the integration of the minimum initial service package for reproductive health in crisis situations (MISP) into the existing emergency preparedness and response plan, including ASRH. In Myanmar, UNFPA contributed to the inclusion of sexual and reproductive health, including a focus on young people, in the inter-agency emergency preparedness plan. In Thailand, UNFPA is involved in the development of the inter-agency contingency plan and bringing a focus on ASRH through the health and protection clusters.

Challenges and lessons learned

17. Incorporating young people's SRH needs in national development and emergency preparedness plans remains a challenge due to many factors. Many countries do not have such preparedness plans in place, and when they do, the inclusion of reproductive health is either limited or non-existent. There is a need for extensive advocacy and awareness-raising to convince partners about the importance of including attention to young people's SRH aspects in development and emergency preparedness plans. UNFPA will continue to focus on this area during 2010.

Outcome 3: Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation.

Progress on the outcome/indicators

18. UNFPA plays a lead operational role in supporting the building of national capacities for data collection and analysis. The current focus of UNFPA support is on the successful implementation of the 2010 round of population and housing censuses (2005-2014). Of the total countries that planned for the 2010 round of censuses, 31 per cent have conducted a census and 69 per cent are scheduled to conduct their censuses by 2014. There is an increased stock of data reported on ICPD-related issues collected through household and/or thematic surveys, other than population and housing censuses. The proportion of countries that have conducted a national household thematic survey that includes ICPD-related issues has been high at above 80 per cent in the last three years. However, the proportion of national development plans that include time-bound indicators was reported to decrease to 82 per cent in 2009 from the earlier 92 per cent reported in 2008 (table 2).

Table 2
Availability and utilization of data on ICPD-related issues

Proportion of countries that have conducted a national household/thematic survey that includes ICPD-related issues	83% (2000-2005)	86% (2003-2008)	94% (2005-2009)
Proportion of national development plans that include time-bound indicators and targets from national/subnational database	86.3% (2007)	91.5% (2008)	82.3% (2009)

Source: UNFPA country office annual reports (COARs), 2007-2009.

UNFPA programmatic contributions/achievements in 2009

19. 2010 round of censuses. UNFPA offices reported supporting several aspects of the census processes. For example, in the Africa region, UNFPA made censuses one of its strategic priorities. A needs assessment conference on census analysis was organized jointly with the United Nations Statistical Division in Senegal; while training in methods of census analysis, in collaboration with the United Nations Population Division, was organized in Lebanon. In Peru, UNFPA, in coordination with the National Institute of Statistics, supported design and implementation of new analyses of the results of the 2007 census, and support was also provided in the dissemination and presentation of census results at the subregional level.

20. Countries reported facing a number of challenges, including: (a) the interplay between population censuses and the political and electoral processes; (b) managing census-pooled funds vis-à-vis timely provision of financial and technical assistance; (c) increased sample sizes; (d) adoption of advanced analysis techniques; (e) inclusion of new variables; (f) limited preparation time; and (g) low allowances for enumerators. Furthermore, the utilization of census data for policy, planning and budgeting is not always optimal. In response to these challenges, UNFPA will continue to strengthen its support in the area of census, including through its special initiative on censuses. UNFPA is also developing a number of technical orientation guides and manuals on the use of census data to estimate maternal mortality and analyse gender and environment issues.

21. Thematic surveys. During 2009, UNFPA focused its work on supporting national household/thematic surveys that included ICPD-related issues. At the global level, UNFPA collaborated with UNICEF and the demographic and health surveys (DHS) to ensure the availability of information and to develop the indicator framework for monitoring the MDG 5 target on universal access to reproductive health. UNFPA is also working with other partners (WHO, UNICEF, World Bank and the United Nations Population Division) to update the country estimates of maternal mortality for 2010. Some key UNFPA contributions at the country level included support to DHS in Albania, Ethiopia, Jordan, Panama, Papua New Guinea and Venezuela (Bolivarian Republic of), to provide data for reporting on MDG indicators. In the Lao People's Democratic Republic, UNFPA has provided technical and financial support for a combined DHS/multiple indicator cluster survey programme. With regard to specific surveys, the UNFPA country office in Venezuela supported the National Institute of Statistics with human resources in the technical design of a youth survey. In Angola, a knowledge, attitude and practice of family planning survey was conducted to identify the reason for low contraceptive prevalence. In Botswana, UNFPA provided guidance and technical input in the production and dissemination of the family health survey, the Botswana AIDS impact survey and the Botswana demographic survey.

22. Disaggregated data and integrated databases. UNFPA contributes to this critical area through the provision of technical support for the development and establishment of integrated national databases, national capacity development, and support to implementation, monitoring and reporting at national and subnational levels. In particular, UNFPA supported assessments on integrated demographic and socio-economic databases and their use for policy purposes in Ecuador. UNFPA provided comprehensive support to the census of Liberia in 2008 and to the implementation of the integrated management information systems (IMIS) based on that census in 2009. The development and launching of the IMIS greatly improved access to population data for planning at the subnational level. UNFPA also supported the national statistical offices, including in China, Ghana, Mauritania, Namibia and Timor-Leste, in training staff on the use of national adaptations of the DevInfo/IMIS platform. In Albania, UNFPA, jointly with UNIFEM, provided support to engendering statistical data.

Challenges and lessons learned

23. The work on thematic surveys was not without challenges. UNFPA offices reported that countries faced such challenges as insufficient capacity in data analysis; lack of a culture for evidence-based planning and management; lack of reliable population data and vital registration systems; poor coordination amongst national offices producing statistics; and inadequate integrated technical support to fill the void of limited local technical capacity. Also reported were numerous challenges concerning data availability and use, including multiplicity of data and databases for various indicators in countries; lack of basic statistical and demographic capacity at the subnational level; inadequate funding and inefficient mobilization for resources for database development and maintenance, translation and interpretation of data; and lack of a culture of using sociodemographic data to support policy formulation and national, regional and local planning. These areas will continue to be addressed by UNFPA with national governments as key stakeholders. The Fund will also continue to strengthen its focus on national capacity development in this area.

Outcome 4: Emerging population issues -- especially migration, urbanization, changing age structures (transition to adulthood, ageing) and population and the environment -- incorporated in global, regional and national development agendas.

Progress on the outcome/indicators

24. UNFPA continued to advocate for the incorporation of emerging population issues (ageing, international migration, changing population structures, population growth, climate change and urbanization) into national policies and programmes and to build the capacity of national stakeholders in mainstreaming of these issues. UNFPA country offices have reported that 64 per cent of the NDPs, including poverty reduction strategies, included emerging population issues such as urbanization, the environment, ageing and internal and international migration.

UNFPA programmatic contributions/achievements in 2009

25. Population, urbanization and the environment. UNFPA collaborated with and supported the International Institute for Environment and Development to conduct case studies on urban density and sustainable development. UNFPA is working on policy briefs on the links between population and urbanization/sustainable urban development and is strengthening its own capacity in this area through training initiatives. The relationship between the environment and population is complex and is not just about population size and growth because other population dynamics, including socio-economic characteristics and distribution of the population also have a bearing on the environment and sustainable development plans. To build the knowledge base on this complex relationship, UNFPA organized an Expert Group Meeting on Population Dynamics and Climate Change and published papers from this meeting in a publication entitled *Population Dynamics and Climate Change*. The UNFPA flagship publication *State of World Population 2009, Facing a changing world: women, population and climate* was dedicated to the issue of climate change and gender and its launch and dissemination contributed to advocacy in this area. Following the State of World Population 2009, Pakistan launched its own supplement to the report, and the Philippines produced a documentary on the impact of climate change, particularly on women. In Albania, UNFPA reported support to demographic research and reports related to urbanization and other emerging issues.

26. International migration. UNFPA collaborated with the Global Migration Group in the preparation of fact sheets on the impact of the global financial crisis on international migration providing state-of-the-art knowledge and recommendations for policymakers and delegates attending the Global Forum on Migration and Development in Greece on the impact of the crisis on female migration. During 2009, UNFPA country offices reported working on advocacy and awareness-raising, capacity-building and research in order to maximize the benefits and mitigate the negative impacts of international migration. In the Central African Republic, UNFPA played a significant role in ensuring that migration issues were integrated into the updated national population frameworks. In the Gambia, UNFPA supported a study on migration which is expected to assist the Government to develop and implement a migration policy. In Cameroon, UNFPA supported a study of economic growth prospects in light of the demographic challenges, including youth, women, migration and urbanization. In Azerbaijan, UNFPA supported capacity-building of national stakeholders to advocate for the incorporation of emerging population issues including ageing and migration in the national policies and programmes.

27. Ageing. The Fund continued its collaboration with the United Nations Programme on Ageing and the International Institute on Ageing in Malta to train policymakers and focal points on ageing to ensure that countries will be able to address the challenges posed by rapid population ageing. To help build the knowledge base, UNFPA convened an expert seminar on family support networks and population ageing and prepared a publication with recommendations for policymakers. In Lebanon, UNFPA collaborated with the National Center for Studies on Ageing to develop policy briefs on the older population and co-organized a regional conference on the older population. In Morocco, UNFPA supported the national Government in developing a national policy on ageing. The UNFPA country office in the Syrian Arab Republic organized an expert group meeting on ageing and, as a result, started exploring response strategies to ageing. In Ecuador, UNFPA has supported the Union of South American Nations secretariat and the topics of adulthood/ageing, population and environment have been incorporated in the agenda of the national development plan. In the Russian Federation, UNFPA provided support to develop a regional evidence-based policy on ageing.

Challenges and lessons learned

28. UNFPA country offices have reported several challenges regarding emerging population issues. These include: inadequate evidence base; low research interest; overshadowing of emerging population issues by economic issues; and insufficient understanding of the interlinkages between population dynamics and poverty. UNFPA will continue to build on the conceptual and empirical analysis undertaken in 2009, and substantial work will be undertaken to raise awareness of the importance of considering population dynamics when formulating national development strategies, particularly in the areas of population dynamics and climate change; ageing and age structural transformations; and internal and international migration. UNFPA is also developing a guidance note on population and poverty. UNFPA will continue its efforts and will strengthen partnerships with other United Nations entities and networks, research institutions and NGOs.

B. Reproductive health and rights

Goal 2: Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life.

29. Sixty-seven per cent of UNFPA development assistance in 2009 was expended in the area of reproductive health and rights and totalled $170 million from core resources and $227 million from other resources. UNFPA country offices reported support to all five strategic plan outcomes ranging from maternal health, family planning, reproductive health commodity security (RHCS) to HIV/AIDS prevention and young people. The expenditures under each outcome are given in table 24.

Outcome 1: Reproductive rights and sexual and reproductive health demand promoted and essential sexual and reproductive health package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.

Progress on the outcome/indicators

30. Progress towards achieving the health MDGs in general and MDG 5, in particular, has been slow and maternal mortality ratios in various countries are at unacceptably high levels. The lack of

progress can be attributed, among others, to a combination of one or more of the following factors: weak health systems, including a lack of skilled health workers; gender inequalities; inadequate infrastructure and technology; low development indicators;[3] a vertical or project-based approach; and limited recognition of reproductive rights.

31. The importance of promoting universal access to sexual and reproductive health has not been adequately translated into action frameworks and monitoring mechanisms at all levels. However, the UNFPA indicator on proportion of humanitarian crisis situations where the minimal initial service package was implemented has increased slightly from 71 per cent in 2008 to 72 per cent in 2009 and clean delivery kits are available in 77 per cent of cases (see table 3).

Table 3
Implementation of the minimum initial service package in humanitarian crisis and post-crisis situations

Elements	2009
Basic demographic and sexual and reproductive health information collected or estimated	75%
Health services in place for managing sexual violence cases	46%
Staff trained (re-trained) in prevention and response to sexual violence cases	57%
Materials, including condoms, procured and distributed to adequately prevent HIV transmission	79%
Health workers trained/re-trained to provide maternal health care and prevent HIV transmission	68%
Clean delivery kits available and distributed	77%
Referral system for obstetric emergencies functioning	65%
Sites identified for future delivery of comprehensive reproductive health services	66%
Overall reproductive health coordinator in place and functioning under the health coordination team – reproductive health focal points in camps and implementing agencies in place	51%

Source: 2009 COARs.
Sample of 79 humanitarian crisis and post-crisis situations.

UNFPA programmatic contributions/achievements in 2009

32. UNFPA continued to strengthen its capacity to align itself with nationally owned and led processes aimed at advancing the ICPD agenda and positioning SRH in national plans and budgets. A new guidance note on the UNFPA role in the changing aid and development environment and revised financial regulations facilitate the Fund's engagement in programme-based approaches including sector support. UNFPA is actively involved in health sector-wide approaches (SWAps) in 30 countries and is contributing to joint pooled funding in this sector in Bangladesh, Cambodia, Ethiopia, Ghana, India, Uganda and the United Republic of Tanzania. UNFPA strengthened its engagement at the policy level and enhanced leveraging for MDG 5 more broadly, including through collaboration with the Guttmacher Institute in updating the publication *Adding It Up: The Costs and Benefits of Investing in*

[3] http://www.who.int/hdp/mdgs_africa.pdf.

Family Planning and Maternal and Newborn Health, which provides up-to-date estimates of the costs and benefits of family planning and maternal health services and makes a strong case that SRH programmes are underfunded.

33. To coordinate efforts to accelerate progress in reproductive health, maternal and newborn survival, UNFPA participated in the Health 4 (H4) initiative (WHO, UNFPA, UNICEF and the World Bank) which is intensifying work in 25 priority countries. The UNFPA country office in Mozambique has reported providing leadership in the Partnership for Maternal, Newborn and Child Health. In Nepal, the Safe Motherhood Bill, drafted by the Ministry of Health and Population, has been endorsed with continued UNFPA support to the Safe Motherhood Network Federation in advocating for the bill. Serving as co-chair of the steering committee and working as administrative agent of the joint programme to reduce maternal and neonatal mortality in the Philippines, UNFPA contributed through facilitating technical experts and supporting the implementation of key interventions in six provinces.

34. Reproductive health commodity security. The UNFPA flagship Global Programme to enhance RHCS supported 73 countries around the world during 2009, up from 54 in 2008. The programme provided multi-year funding which helped countries develop sustainable approaches to RHCS, including ensuring a reliable supply of reproductive health commodities and the enhancement of national capacities and systems. RHCS initiatives vary greatly depending on the country context. Examples of assistance included support for demand generation activities, logistics management information system, procurement and distribution. A number of countries also received support to help avoid stock-outs of contraceptives and reproductive health drugs and equipment. UNFPA-supported countries have reported significant results in mainstreaming of RHCS within national health plans and processes: increased coordination of partner efforts towards the provision of strategic in-country support; more efficient management of national commodity supplies; improved skills of service providers for the delivery of services; and increased in-country and regional advocacy in support of RHCS, including for the establishment of budget lines for reproductive health commodities.

35. As part of its humanitarian response, the Fund supported specialized training on reproductive health kits and the MISP at regional and national levels. Two regional training-of-trainers and a pilot training in French were supported to build national capacity in this critical area. UNFPA also conducted an evaluation of its humanitarian strategy in 2009 and will use the lessons and recommendations to strengthen its support in this area.

Challenges and lessons learned

36. UNFPA operations are becoming increasingly responsive to the changing aid and development environment. As more countries embark on new programming modalities, including Delivering as One and SWAps, the challenges of working in these contexts has become evident. Some countries continue to work along two streams – regular stand-alone projects and a programme/sector-wide approach. In other countries, the changing aid and development context is yet to be fully operationalized. Working in this new environment creates strategic opportunities for positioning the ICPD agenda and for leveraging resources. An action plan has been developed to assist UNFPA offices in repositioning programmes/operations in the context of the changing aid environment. This is helping to increase staff and partner capacity to engage in the new aid environment, assemble an evidence base for integrated programme approaches and create an enabling environment for integrating SRH into national plans and processes.

Outcome 2: Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.

Progress on the outcome/indicators

37. Maternal mortality and morbidity continue to be major health issues in many parts of the world and progress has been slow and unequal. During the 15-year period between 1990 and 2005, there was a 20 per cent reduction in the maternal mortality ratio (MMR) in Asia. During the same period, MMR in sub-Saharan Africa decreased by a mere 2 per cent. Also, the proportion of births attended by skilled health personnel remains low in least developed regions at only 35.3 per cent (see table 4).

Table 4
Proportion of births attended by skilled health personnel in 2008

World total	65.7%
Less developed regions	61.9%
Least developed regions	35.3%
Africa	46.5%
Asia	65.4%
Europe	99.5%
Latin America and the Caribbean	88.5%
Source: WHO Factsheet - 2008 Updates.	

38. The proportion of countries with caesarean sections as a proportion of all births that is less than 5 per cent has also shown a decrease from 66 per cent in 2008 to 60 per cent in 2009 in rural areas (see table 5).

Table 5
Proportion of countries with caesarean sections as a proportion of all births that is less than 5%

	2007	2008	2009
Rural	67.8%	65.9%	59.6%
Urban	27.1%	20.0%	17.5%
Source: UNFPA, based on DHS data.			

UNFPA programmatic contributions/achievements in 2009

39. The UNFPA maternal health thematic fund was active in 15 countries in 2009. These include five of the six countries with the highest maternal mortality that contribute towards half of all maternal deaths worldwide (Afghanistan, Bangladesh, Democratic Republic of the Congo, Ethiopia and Nigeria). UNFPA has collaborated with Columbia University to support needs assessments in emergency obstetric and neonatal care and the data are being used in Ethiopia, Haiti and Madagascar to plan the scaling up of maternity services.

40. In partnership with the International Confederation of Midwives, the midwifery programme worked in various regions in 2009. In Madagascar, this programme is fully integrated in the revival of the family planning programme, resulting in an increase of 2 per cent in the contraceptive prevalence rate and a reduction in the total fertility rate. In Guyana, a training coordination mechanism has been created to review all training

activities to strengthen human and technical resources for health. Capacity-building of country midwife advisers has been reported as a key achievement in 2009. In Côte d'Ivoire, UNFPA is supporting the strengthening of clinical training of about 300 midwives. In Haiti, UNFPA supported the National School of Nursing to strengthen the curricula to ensure that graduates can perform the seven key functions of basic emergency obstetric and newborn care.

41. The Campaign to End Fistula has grown since its inception in 2003 and covered 36 countries in 2009. Not only has the number of countries supported increased, but also, importantly, the scale of programming within the campaign-supported countries has expanded. Some key results include: 4,100 women have received fistula treatment and care; the capacity of 100 health facilities in 23 countries was strengthened to manage and treat fistula; training was conducted for more than 1,000 health care personnel in fistula prevention and management – including over 160 doctors; 245 nurses and midwives; over 30 social workers and paramedical staff; and more than 600 community health workers. The work of fistula survivors is expanding both in terms of the number of countries where they are present and the level of their engagement. For example, in Ghana, fistula survivors received training in personal leadership, prevention and treatment of obstetric fistula, rehabilitation and reintegration, advocacy and communication – after which each woman developed an action plan detailing her community-level activities. The 2009 midterm evaluation of the UNFPA-supported elements of the Campaign to End Fistula acknowledged the campaign as a best practice in South-South cooperation.

Challenges and lessons learned

42. While there is a strong collective response and strategic partnership on the global effort to accelerate progress in maternal and newborn health such as the H4 partnership, with the development and implementation of a joint country support plan, there are many challenges as discussed earlier. Weak monitoring systems, the lack of political will and buy-in, and inadequate allocation of resources (human, financial) for sexual and reproductive health add to the challenges. The UNFPA maternal health thematic fund will continue to expand to other countries in 2010 to support addressing health systems issues in close collaboration with H4 and other partners.

Outcome 3: Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention.

Progress on the outcome/indicators

43. The last three decades have shown dramatic progress in decreasing fertility and increasing contraceptive prevalence in the developing world. However, this trend, which caused a lot of optimism among development partners, obscured the fact that there was a need to continue to support and expand family planning programmes, i.e., that this was still an "incomplete agenda". With reference to the strategic plan indicator for access to family planning and reproductive health services, UNFPA country offices have reported that 68 per cent of the countries were offering at least three modern methods of contraception through the service delivery points.

UNFPA programmatic contributions/achievements in 2009

44. The year 2009 proved to be a year during which the importance of family planning in improving health and development was better understood and embraced by a growing number of partners and actors and led to important efforts to revitalize family planning programmes. UNFPA with partners supported an international conference on family planning in Kampala, Uganda, in 2009, to raise

visibility for this issue. UNFPA also used the opportunity of the ICPD at 15 review to highlight the importance of working for universal access to sexual and reproductive health, including family planning.

45. UNFPA-supported country programmes were reported to have filled vital gaps in the local contexts. While some country programmes focused on advocacy and policy development, others provided support to increase access to services and to enable communities to demand good quality services, and monitor and make better use of existing ones. In many countries, UNFPA reported a substantive effort towards supporting development of national strategies and positioning of family planning within national health and development plans. For example, in Uganda, UNFPA advocated for and worked with the Government to include the contraceptive prevalence rate as an indicator for performance measurement of the development and health sector. UNFPA country programmes provided support and advocacy for the integration of family planning into other SRH services and into primary health care. The UNFPA programme in Romania reported support for integration of family planning resulting in 80 per cent of primary health care units providing family planning services. In Zambia, prevention of mother-to-child transmission (PMTCT), post-abortion care and maternal and newborn health care outlets include family planning as a key component of their services. In Zimbabwe, community-based distributors of contraceptives have been trained to provide information and services to pregnant women on HIV/AIDS and other safe motherhood aspects.

Challenges and lessons learned

46. The ICPD and MDG target of universal access to sexual and reproductive health and family planning is far from being a reality. A substantive number of countries, mostly least developed countries (LDCs) in sub-Saharan Africa, have very high unmet need for family planning. In addition, due to a decrease in attention and funding during the last decade, a number of countries that had become success stories in family planning in the previous decades are now showing signs of stagnation (for example, Egypt, Philippines and the Syrian Arab Republic) and decline in the quality of services (for example, Indonesia, Peru and Thailand). UNFPA plans to increase its efforts in 2010 to support and build the capacity of countries, especially in those where progress is lagging behind.

Outcome 4: Demand, access to and utilization of quality HIV and sexually transmitted infections (STIs) prevention services, especially for women, young people and other vulnerable groups including populations of humanitarian concern increased.

Progress on the outcome/indicators

47. The 2008 UNAIDS estimates reported that 2.7 million new HIV infections occurred and approximately 4 million people in low- and middle-income countries were receiving antiretroviral (ARV) therapy. However, progress has not been enough to reverse the trajectory of the epidemic: for every two persons starting ARV therapy, there are five new HIV infections. The percentage of young people with correct knowledge about HIV/AIDS is low at 40 per cent among males and 38 per cent among females. Sexual transmission accounts for more than 80 per cent of new HIV infections worldwide. Condom use varies widely among and within regions and countries and its use in last high-risk sex is reported globally as being at 33 per cent. Service coverage for most-at-risk populations remains low in many countries. In view of insufficient priority for prevention, UNAIDS has called for a 'prevention revolution' to magnify its focus on HIV prevention.

UNFPA programmatic contributions/achievements in 2009

48. UNFPA continued to strive for increased efficiency and effectiveness in its response to AIDS. UNFPA is committed to contributing to results in the priority areas identified in the UNAIDS Outcome Framework, 2009-2011, as per its mandate and responsibilities. UNFPA key initiatives focused on comprehensive condom programming, women and girls, young people, HIV and sex work and work towards strengthening HIV and reproductive health linkages.

49. Comprehensive condom programming. The 71 countries currently engaged in the UNFPA global condom initiative have reported good progress in the implementation of the 10-step programming process. Some achievements include, for example, 21 countries reporting having drafted national condom strategies and working towards developing five-year costed operational plans. Many countries have utilized innovative non-traditional condom distribution outlets to widen access to male and female condoms, such as hair salons (Malawi and Zimbabwe), home meetings (Zimbabwe), Brothers For Life (Namibia), condom promotion month (Lesotho), community dialogues (Swaziland), distribution in existing programmes, including sex workers programmes (Uganda) and national campaigns (Rwanda). UNFPA has supported the distribution of female condoms, which reached a record level of 50 million pieces in 2009.

50. HIV and sex work. UNFPA worked with UNAIDS partners and the Australian Institute of International Health to develop a training package for United Nations staff on building their capacity to address HIV and sex work, men who have sex with men and injecting drug use. The UNAIDS Advisory Group on HIV and Sex Work was established to bring together sex work networks from multiple regions and the United Nations with additional participation from civil society and academia. As part of the joint UNFPA and UNHCR initiative to provide assistance to country offices on programming for HIV and sex work in humanitarian settings, training courses and workshops were held for UNFPA and UNHCR staff in Europe and Africa.

51. Women and girls. In 2009, UNFPA developed its action framework on women, girls, gender equality and HIV and the UNFPA guidance note on women, girls and HIV to develop its strategic direction in this area. UNFPA, together with United Nations partners and CSOs, developed the UNAIDS action framework: addressing women, girls, gender equality and HIV and the related operational plan. To address gender-based violence (GBV) and HIV linkages, UNFPA supported the Harvard University School of Public Health to produce a GBV and HIV study. Advocacy efforts for further integrating GBV prevention and response into national development frameworks were reported while supporting 11 governments in implementing effective, multisectoral programmes to address GBV, including in humanitarian contexts.

52. Young people and HIV. UNFPA global, regional and country offices, WHO, UNICEF, UNESCO, youth-led and youth-serving organizations and government partners from 20 countries participated in capacity-building workshops with the aim of building consensus on strategies for working with adolescents and youth on SRH and HIV. In 2009, UNFPA country offices reported some important steps taken toward youth-targeted or youth-inclusive HIV/AIDS programming. In Angola, UNFPA cooperated with the Ministry of Youth and Sports to formulate and implement key sexual and reproductive health and HIV-prevention messages for a campaign during the 2009 African Cup of Nations sporting event. In Albania, UNFPA reported that attendance of young people at SRH facilities increased from 20 per cent in 2002 to 30 per cent in 2009 due to the establishment of youth-friendly health service centres throughout the country. In Ghana, UNFPA provided technical and financial

support to the National Youth Council to coordinate activities implemented by youth-focused and youth-led organizations. Prevention programming in Eritrea focused on raising the awareness of young people.

53. Sexual and reproductive health and HIV linkages. UNFPA with the International Planned Parenthood Federation (IPPF), UNAIDS, WHO, national governments, other international and national organizations, networks of people living with HIV and AIDS and key populations partnered to roll out the rapid assessment tool for SRH and HIV linkages in five regions and 17 countries during 2008-2009. The Inter-Agency Working Group on Sexual and Reproductive Health and HIV/AIDS Linkages, co-led by UNFPA and WHO, is collaborating to identify and assess existing indicators and develop an advocacy package as a platform to build a common understanding of SRH and HIV linkages and provide an overview of the current status of linkages among key partners.

Challenges and lessons learned

54. A number of countries reported on programmes seeking to engage, assess and reach most-at-risk populations and also highlighted the need to enhance access and better target users. The advocacy and education necessary to change behaviour toward safer sexual practices, including the consistent and correct use of male or female condom, require substantial financial and human resources that are a challenge to mobilize. Linking SRH and HIV provides an opportunity to increase the participation of key populations (sex workers and other vulnerable and at-risk populations) in planning and evaluating policies and programmes, as well as to underscore the need for urgent responses to uphold human rights. There is also a need to continue to link with the major maternal, newborn and child health initiatives, especially as HIV is the leading cause of mortality for women of reproductive age.

Outcome 5: Access of young people to sexual and reproductive health, HIV and gender-based violence prevention services and gender-sensitive life skills-based sexual and reproductive health education, improved as part of a holistic multisectoral approach to young people's development.

Progress on the outcome/indicators

55. Though there is an upward trend, only 36 per cent of UNFPA country offices reported availability of secondary school curricula that include gender-sensitive, life skills-based SRH and HIV prevention.

UNFPA programmatic contributions/achievements in 2009

56. UNFPA-supported programmatic contributions included key initiatives in the area of capacity development, training and technical support. In Mozambique, UNFPA supported youth organizations to build their capacity in financial management. UNFPA in the Lao People's Democratic Republic and Nepal focused on building the capacity of teachers in delivering SRH, HIV prevention, and gender-based violence prevention information and training. UNFPA reported strengthening its own capacity to enhance programming for young people in Lesotho. Contributions were also reported to national sectoral strategies such as on education in the Republic of the Congo, in partnership with UNESCO. UNFPA conducted assessments of its support to life-skills education, for example, in India, to develop strategic direction for its assistance. In the Russian Federation, UNFPA reported a pioneering partnership with the Russian Orthodox Church to facilitate SRH education. In Viet Nam, support was

provided for scaling up ASRH teaching in five pedagogical training institutions as well as training programme implementation as an extra-curricular activity in 71 secondary and high schools. At the global level, UNFPA work centered around increasing inter-agency collaboration and coordination, building capacity within UNFPA and key partners, and furthering crucial knowledge bases to inform programming and technical support activities.

Challenges and lessons learned

57. UNFPA country offices reported a number of implementation challenges which include limited capacity of local partners; cultural taboos, including hesitancy towards open conversations on sexual and reproductive health; insufficient supplies and human resources; and limited national ownership of the life skills curricula. Weak coordination among the various partners is another area that needs attention. Research on reproductive health in Malawi and Liberia corroborated previous research, which stated that highly vulnerable young people are not being reached. Clearly, there is a a gap between need and programme delivery that must be addressed. There is also a need for continued strong advocacy aimed at various partners to ensure successful incorporation of SRH frameworks and curricula in national systems. Furthermore, there is a need to expand the community-based component of programming so as to better address young people's needs. One important lesson learned was the need for country-specific plans and capacity-building strategies based on local needs. In 2010, UNFPA will continue to build on the lessons learned to expand its partnerships to address the multifaceted nature of the reproductive health challenges facing youth and adolescents.

C. Gender equality

Goal 3: Gender equality advanced and women and young girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

58. Thirteen per cent of UNFPA development assistance in 2009 was in the area of gender equality and totalled $40.3 million from core resources and $39 million from other resources. UNFPA country offices reported support to all the four strategic plan outcomes under this focus area.

Outcome 1: Gender equality and human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws.

Progress on the outcome/indicators

59. Progress under this outcome is complementary to the results on human rights, culture and the elimination of harmful practices highlighted in the reporting under outcomes 2, 3 and 4 – these issues are particularly intertwined at the national and regional levels where capacity-building, knowledge development, advocacy and action meet. Work is ongoing to support a common understanding of the linkages between MDG 3 and the other MDG targets and indicators. In the review of ICPD at 15 and the lead up to Beijing+15, governments have been monitoring progress on gender equality-related issues, including reproductive rights.

Table 6
Reproductive rights are incorporated in CEDAW and related protocols reporting in 2009

	Number of reports	Percentage of reports
Policies/strategies for maternal health and family planning	96	91.4%
Rights in accessing sexual and reproductive health information and services	94	89.5%
Sexual and reproductive health service provision for married and unmarried adolescents	83	79.0%
Gender-based violence	100	95.2%
Harmful traditional practices, including female genital mutilation/cutting	43	41.0%
Source: 2009 COARs. *Sample of 105 CEDAW reports.*		

60. At regional and national levels, governments are moving forward to analyse the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in terms of national legislation and transboundary agreements related to gender equality. As reported by UNFPA offices, the number of countries that have incorporated reproductive rights in CEDAW reports has increased to 91 per cent in 2009 from 87 per cent in 2008. Table 6 provides a breakdown of the aspects of reproductive rights in the 105 CEDAW reports analysed, where it can be seen that over 90 per cent of the reports include policies and strategies for maternal health and family planning as well as gender-based violence. Table 7 notes progress in the proportion of countries that implement/enforce policies and laws that are in line with Security Council resolution 1325.

Table 7
Proportion of countries that implement/enforce policies and laws in line with the United Nations Security Council resolution 1325 on women, peace and security in conflict and post-conflict situations

2007	62.1%
2008	75.0%
2009	85.7%
Data source: 2007-2009 COARs. *Note: Only includes countries that were in a situation of conflict or post-conflict in the given year. Data are not comparable as countries included vary from year to year.*	

UNFPA programmatic contributions/achievements in 2009

61. At the global level, UNFPA reported the development of tools and processes to support work on legislative frameworks. At the regional and country levels, UNFPA supported policy development. Initiatives were undertaken to build the capacity of UNFPA and its partners to understand gender, human rights and culture as an integrated approach to achieve gender equality and human rights. Through joint capacity-building on gender-responsive budgeting and continued inter-agency work to produce an e-learning product on United Nations coherence and gender, UNFPA furthered coherence and leadership on gender within the United Nations system, including in discussions on the new United

Nations gender entity. UNFPA provided support to governments for: capacity-building and implementation of legislative and policy reform; advocacy to mainstream gender and reproductive rights in reporting to the CEDAW committee; and tracking progress on supporting achievements in gender equality in relation to international conventions and platforms.

62. At the country level, many UNFPA offices are taking advantage of inter-agency theme groups on gender to further advocacy work for international commitments, human rights and legislative/policy reform for gender. In Viet Nam, UNFPA has worked extensively within the One UN framework to develop common workplans, co-fund activities and share results. In Papua New Guinea, UNFPA has developed concrete, culturally responsive and rights-based partnerships by working with the Ministry of Health, the national women's machinery and the Young Women's Christian Association (YWCA) on gender-based violence and HIV/AIDS issues to facilitate policy reform in line with CEDAW articles. In Kyrgyzstan, UNFPA has worked with the Government and developed a national action plan to achieve gender equality. In Barbados, UNFPA provided support for the dissemination of the National Gender Policy. In Dominica, UNFPA supported CSOs and decision makers in line ministries and assisted with advocacy and media initiatives to raise awareness on gender equality. In line with the Secretary-General's call to assist countries to effectively monitor and evaluate ongoing efforts under Security Council resolution 1325, UNFPA initiated efforts, in collaboration with UNIFEM and the Office of the Special Adviser on Gender Issues and Advancement of Women (OSAGI), to develop and refine indicators on national action plans on Security Council resolutions 1325 and 1820 in several pilot countries, such as Uganda and Sierra Leone.

Challenges and lessons learned

63. Challenges within countries include uneven levels of awareness on gender issues and limited capacity for gender mainstreaming. The One UN approach is beginning to demonstrate that there are opportunities to coordinate mainstreaming through new mechanisms. For example, in Viet Nam, UNFPA, as part of the United Nations country team (UNCT), is providing support to the Government in a more coherent and unified way, especially in the area of gender-based violence. Coordination among the United Nations organizations is improving but transition to the new gender entity will require particular attention to the integration of culture, gender and human rights issues in programming. Externally, the challenges related to gender are significant. For example, although many countries have ratified CEDAW, a few, including Afghanistan, Sudan, Tonga and the United States, have not. Moreover, while ratification is a critical step, there remains a lack of political will and resource allocation for implementation of the Convention among the development partners.

Outcome 2: Gender equality, reproductive rights and empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices.

Progress on the outcome/indicators

64. In the area of ending harmful practices, a global strategy on the issue of the medicalization of female genital mutilation/cutting (FGM/C) was developed in collaboration with WHO to serve as the guiding tool for discouraging the involvement of health providers, including physicians, in the practice of FGM/C. Stronger integration of prevention and the management of complications resulting from FGM/C into reproductive health services, as well as into the training modules for service providers of 12 African countries is being facilitated.

65. Table 8 shows that the percentage of women who decide alone, or jointly with their husbands/partners/others, about their own health care has shown a minimal increase from the baseline of 2007, particularly in the not-married segment.

Table 8
Percentage of women who decide alone or jointly with their husbands/partners/others about their own health care

	Currently married or living together	Not married
2007	63.9%	51.3%
2008	64.9%	51.2%
2009	65.7%	52.0%

Source: Calculated by UNFPA from the most recent DHS data available.

UNFPA programmatic contributions/achievements in 2009

66. The UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting has supported the implementation of a common approach for the collective abandonment of FGM/C in 12 countries. As a result, communities in Ethiopia, Gambia, Guinea and Senegal have abandoned the practice of FGM/C.

67. UNFPA has shown leadership across the United Nations system for setting up the first Global Interfaith Network on Population and Development with over 400 organizations operating at the national, regional and international levels. UNFPA contributions have been to mobilize faith-based organizations (FBOs) and to support capacity-building, advocacy consultations and communication among organizations of men and women of faith as key cultural agents of change for furthering the ICPD agenda. Support to two major women-of-faith initiatives and a series of regional consultations with faith-based, rights-oriented service delivery non-governmental organizations (NGOs) have also taken place with concrete recommendations to enhance the partnerships.

68. The ICPD at 15 review highlighted that male involvement in support of sexual and reproductive health issues needs more emphasis. Part of UNFPA support towards the systematic implementation of transformative men's and boys' initiatives has been to bring together various country offices from around the globe to discuss ongoing initiatives and/or ways to strengthen this area of work. Some countries where initiatives are being supported within the context of ICPD programme areas include: Bangladesh, Botswana, Brazil, Costa Rica, Côte d'Ivoire, Djibouti, Jamaica, Kenya, Lebanon, Niger, Senegal, Sierra Leone, South Africa, Turkey, Uganda, Ukraine and Zimbabwe, to name a few. UNFPA has also been investing in developing knowledge products and 'how-to' interventions on working with men and boys that have been evaluated as part of broader programmes. In 2009, UNFPA took stock of progress within the Fund, in the area of male involvement, which will inform the capacity-building activities that UNFPA would like to support throughout 2010.

Challenges and lessons learned

69. Engaging faith-based organizations has to be deliberate and systematic throughout UNFPA, particularly regarding the development of partnerships between FBOs and country and regional offices. There is a need to integrate the FBOs into initiatives focusing on engaging men, and preventing violence against women and FGM/C, as well as to cross-fertilize with the lessons learned from the work on intercultural health approaches with indigenous peoples. Furthermore, additional advocacy needs to be undertaken to ensure that regional and country offices own the FBO guidelines for engagement, integrate the FBOs into their broader civil society outreach, and ensure that a range of CSOs is involved from the outset in programmes.

70. Mainstreaming FGM/C into national development frameworks, implementation of laws on FGM/C and a lack of funding for the joint programme on FGM/C as well as in national allocations – all continue to remain challenges. UNFPA plans to address these challenges and concerns around capacity-building on how to engage men and boys by drafting a strategy on engaging men and boys while continuing to disseminate programmatic models that work.

Outcome 3: Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence.

Progress on the outcome/indicators

71. In 2009, resolution 11/8 on preventable maternal mortality and morbidity and human rights was adopted by the Human Rights Council at the eleventh session. The resolution requests actions from States and other stakeholders in order to prevent and reduce maternal mortality and morbidity. This is a significant step in the recognition of maternal mortality as a human rights issue. At the country level, as can be seen from table 9, the proportion of countries with reproductive rights of women and adolescent girls incorporated in national human rights protection system has shown an increase in 2009 to 67 per cent from 63 per cent in 2008.

Table 9
Proportion of countries with reproductive rights of women and adolescent girls incorporated in national human rights protection systems

	2007	2008	2009
Proportion of countries with reproductive rights incorporated in national human rights protection systems	61.7%	63.3%	66.7%

Source: 2007-2009 COARs.

72. Many countries adopted laws aimed at protecting and guaranteeing access to sexual and reproductive health and rights and preventing domestic and sexual violence, including Burkina Faso, Jamaica, Nepal, Philippines, Rwanda and Uganda. Others, such as the Central African Republic, Ethiopia, Mauritania, Namibia, Sierra Leone and Togo, are revising their family, criminal or reproductive rights laws to be in compliance with international human rights standards. Governments continue to support national human rights initiatives. However, as can be seen from table 10, the

percentage of countries with laws that incorporate reproductive rights of women and adolescent girls is reported to be only 41 per cent.

Table 10
Number and percentage of countries with laws that incorporate reproductive rights of women and adolescent girls, including in emergency and post-emergency contexts

Countries that incorporate	42	40.8%
Countries that partially incorporate	39	37.9%
Countries that do not incorporate	22	21.4%
Total	103	100%

73. As table 11 indicates, with reference to the indicator on reproductive rights of women and adolescent girls in national human rights protection systems in 2009, UNFPA country offices have reported that in their assessment, based on their experience, government agencies in over 95 per cent cases support, promote and protect the reproductive rights of women and adolescent girls.

Table 11
Reproductive rights of women and adolescent girls incorporated in national human rights protection systems in 2009

	Number of reports	Percentage
Government agencies promote and protect the reproductive rights of women and adolescent girls	106	95.5%
Reproductive rights protection (e.g., GBV, access to reproductive rights services, harmful practices) explicit in the mandate of the police as well as ombudsman, national human rights commission	88	79.3%
Judicial procedures exist for individuals to effectively claim their reproductive rights and adequately address reproductive rights violations	87	78.8%
Civil society groups and an independent media exist and strongly support reproductive rights protection	103	92.8%
Data source: 2009 COARs. *Sample of 111 CEDAW reports.*		

UNFPA programmatic contributions/achievements in 2009

74. At the global level, the most important achievement in terms of capacity-building in 2009 was the finalization of the training package and rollout of the human rights-based approach to programming within UNFPA. Externally, new developments included CSOs partnering with UNFPA to advocate for international recognition of maternal mortality as a human rights issue. Those efforts, along with commitment from the former rapporteur on the Right to Health, scholars and States, led to the adoption

of resolution 11/8 on preventable maternal mortality and morbidity and human rights by the Human Rights Council during its eleventh session.

75. A significant achievement at the international level was the organization of an expert meeting on the right to SRH and a briefing for the Committee on Economic, Social and Cultural Rights in Geneva. As a result, during its 43rd session, the Committee on Economic, Social and Cultural Rights officially approved the elaboration of a General Comment on the right to sexual and reproductive health. This General Comment will assist States in fulfilling their commitments regarding SRH as well as support CSOs, international organizations and specialized agencies in their advocacy and programmatic efforts.

76. At the country level, UNFPA, along with other partners, has supported governments in the elaboration of state reports to CEDAW in the Central African Republic, China, Dominican Republic, Jordan and Oman. Human rights intercultural approaches aimed at reinforcing leadership of indigenous women and preserving traditional knowledge and practices have been reinforced in Bolivia, Colombia, Ecuador, Mexico, Panama and Peru, among others. In alliance with the Attorney General's Office, UNFPA continued to support an oversight system on women and adolescent girls rights in Colombia, aimed at monitoring the performance of public institutions regarding respect and promotion of reproductive rights. UNFPA is supporting national human rights institutions in Cameroon, El Salvador, India, Indonesia, Maldives, Mali, Nicaragua and Sri Lanka to integrate reproductive rights.

Challenges and lessons learned

77. At the global level, the challenge and opportunity remain the integration of the ICPD human rights agenda into the human rights system and mechanisms and into inter-agency processes. It is also challenging to promote human rights within a gender-based and culturally sensitive approach. At the same time, the human rights framework and standards on the right to sexual and reproductive health have evolved: new issues have emerged and new human rights instruments have been adopted such as the Convention on the Rights of Persons with Disabilities. At country level, the challenge is not only the adoption of laws in compliance with human rights standards but the subsequent implementation. UNFPA will continue to strengthen its partnerships to address these challenges.

Outcome 4: Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.

Progress on the outcome/indicators

78. UNFPA country offices have reported that an increasing number of countries, rising from 87 per cent in 2008 to 93.6 per cent in 2009, now have mechanisms in place to monitor and reduce GBV, including in humanitarian contexts. UNFPA continued to advocate for the integration of GBV prevention and response into national development frameworks while supporting governments in implementing effective, multisectoral programmes to address GBV. As can be seen from table 12, an increase from 66 per cent in 2008 to 72.7 per cent in 2009 was reported in the percentage of countries that included GBV in pre- and in-service training of health service providers. However, access to qualified health providers and comprehensive services continues to be limited.

Table 12
Response to gender-based violence (percentage of countries)

	2008	2009
Gender-based violence response included in pre- and in-service training of health-service providers	66%	72.7%
Qualified health-service providers in screening, care and referrals for gender-based violence survivors	25%	22%
Comprehensive and appropriate psychosocial support programmes for gender-based violence survivors	18.5%	14.4%
Police officers and other security/law enforcement agents are trained and able to respond appropriately to gender-based violence survivors' needs	15.1%	16.9%

Source: 2009 COARs.

UNFPA programmatic contributions/achievements in 2009

79. UNFPA is co-chair of the joint programme on violence against women initiative undertaken by the Inter-agency Task Force on Violence Against Women which has been institutionalized in nine pilot countries[4] via development of national joint programming action plans. UNFPA is a lead member of the Secretary-General's UNiTE to End Violence against Women campaign and is supporting various activities at all levels within the context of the campaign outcomes. A knowledge tool that focuses on the integration of violence against women resources into the existing sexual and reproductive health framework was developed and will be rolled out for capacity development and outreach via the One UN website on violence against women in 2010.

80. UNFPA humanitarian assistance also supported strengthening coordination mechanisms for improved prevention and response to violence against women in several countries across regions. GBV information management systems were introduced/implemented to monitor GBV incidents in Côte d'Ivoire, Chad, Kenya, Liberia, Nepal and Uganda. In the Africa region, UNFPA developed a regional GBV prevention strategy for the strategic plan period. In the area of action research, UNFPA supported the three-country study on the "Economic Costs of Intimate Partner Violence" conducted in collaboration with the International Center for Research on Women, which has helped develop a key evidence-base around the economic costs of domestic violence.

Challenges and lessons learned

81. To undertake the institutionalization of joint programming on gender-based violence and violence against women, it has been imperative to bring together a complex set of stakeholders to agree on initiating multi-stakeholder programming on the issues and to sign on to the agenda. A lesson learned is that working in a transparent manner with stakeholders from the inception of a process

[4] Burkina Faso, Chile, Jamaica, Jordan, Kyrgyzstan, Paraguay, Philippines, Rwanda and Yemen.

ensures their "buy-in" and resultant participation and accountability during all phases of the implementation process, thus ensuring national and community ownership.

IV. MANAGEMENT RESULTS FRAMEWORK

82. UNFPA reaffirms its commitment to improve efficiency and effectiveness across its operations as per its strategic plan. The nine outputs and the indicators in the management results framework (MRF) discussed in this section go beyond internal management issues and are statements of the core business UNFPA undertakes to maintain and expand its capacity to advance and promote the ICPD agenda and deliver effective programmes.

83. There has been steady progress towards achieving the strategic plan MRF targets. This section reports on the nine outputs in the areas of: managing for results; partnerships; United Nations reform; accountability and oversight; sustainability and stewardship of resources; and strengthening the field focus. Following a brief summary on the key 2009 initiatives and achievements, an update on the output indicators is provided in the context of the baselines and strategic plan targets for 2011.

A. Managing for results

84. **MRF output 1: Increased results-based management effectiveness and efficiency**. In 2009, UNFPA continued to strengthen results-based management (RBM). Under the Fund's RBM optimization initiative, priority actions were identified for improving the RBM culture, strengthening results frameworks and measurement strategies, furthering RBM capacity development and streamlining RBM systems. As an example of concrete measures implemented to strengthen staff capacity, a UNFPA corporate curriculum on results-based programme management was piloted in 2009. Seventy-five per cent of UNFPA country offices have reported RBM training initiatives, including with other United Nations agencies. UNFPA regional offices also organized various workshops on monitoring and evaluation (M&E). UNFPA increased the number of staff dedicated to monitoring and evaluation, for example, in Africa, where all 45 country offices reported having designated RBM/M&E focal points, as compared to only five prior to 2009. Induction training was also conducted for the new officers in the region. In the context of its new evaluation policy, approved by the Executive Board at the annual session 2009 (see decision 2009/18), UNFPA has assigned additional resources for the evaluation function and is implementing a strategy for building evaluation and RBM capacity at all levels of the organization.

85. Based on a review of the Fund's RBM systems, a plan for streamlining systems and simplifying business processes was developed. UNFPA continued to update its RBM systems to meet field and organizational needs. An integrated records and information system was made available and the country office real estate management system was updated among others. Regional offices reported the establishment of management structures with clear roles, responsibilities and reporting lines to effectively implement and monitor programme, financial and operational aspects. To improve risk management, a dedicated position for enterprise risk management has been established and an enterprise risk management strategy is being developed. UNFPA offices reported greater coordination with implementing partners both in terms of definition of activities and the links/results chain between the activities and expected results. However, there is a need to continue to address the challenges, including a need to simplify and streamline reporting requirements and consolidate several risk analysis/risk mitigation measures into one coherent overall framework. Strengthening evaluation and RBM is among the top priorities for UNFPA in 2010.

Table 13
MRF output 1: Strategic plan indicator update

Indicator	Strategic plan baseline	Strategic plan target 2011	2009 update
Percentage of UNFPA units with at least 75% of management plan outputs achieved	84%	95%	92%
Milestones to build staff capacity in results-based management	Guidance for staff on RBM approach is developed	100% of managers at all levels trained 85% of all professional staff trained	75% country offices reported that staff participated in learning or training on RBM*

**Exact percentage of staff trained in the RBM package will be established during the midterm review of the strategic plan.*

86. **MRF output 2: Ensured results-oriented high-quality UNFPA programme delivery at the country, regional and global levels**. During 2009, several initiatives were put in place to strengthen the quality of UNFPA programming. At the global level, UNFPA established an external technical advisory panel with the objective of soliciting feedback and guidance on the relevance and coherence of its global and regional programme. Also, regional external advisory boards were established in some regions. UNFPA regional offices have reported making strategic contributions at key stages of the country programme cycles in their respective regions, including during annual and midterm reviews ensuring that the regional programme activities are complementary to the work at country level. At the country level, 91 per cent of the UNFPA offices reported achieving over 75 per cent of the annual output targets, which is a significant improvement from the baseline of 51 per cent in 2007. UNFPA offices made additional efforts to strengthen programme monitoring for ensuring high-quality implementation of the annual planned initiatives. Some initiatives included strengthening capacity through dedicated focal points at country level, including United Nations volunteers (Ethiopia, Rwanda); developing country programme-specific checklists for field monitoring visits (Afghanistan, Myanmar, Thailand); establishing mechanisms for ensuring follow-up action from monitoring visits (China, Georgia); and joint monitoring visits (the Gambia, Ghana, Zambia). An innovative online/web-based field trip reporting and monitoring tool has been developed by UNFPA in Nepal. However, challenges remain regarding limited budgets for monitoring capacity at country level and formulation of progress markers for the outputs.

87. UNFPA is increasingly supporting South-South cooperation. In 2009, UNFPA exceeded its strategic plan target with offices reporting implementation of 409 South-South initiatives providing lessons learned and knowledge sharing for national capacity-building. However, there is a need to document and share South-South cooperation good practices and results. To strengthen knowledge sharing, UNFPA developed its new knowledge management strategy in coordination with the UNFPA internal communications strategy. A unified corporate knowledge sharing and communications online platform is being completed which includes innovative mechanisms for social networking/group interaction elements and an e-library facility. UNFPA is increasingly using webinars for knowledge sharing and training as a cost-effective and useful tool for reaching larger audiences. Greater programmatic and operational integration was achieved through new joint planning and reporting guidance for the sexual and reproductive health thematic funds. This integrated approach will continue to be strengthened during 2010.

Table 14
MRF output 2: Strategic plan indicator update

Indicator	Strategic plan baseline	Strategic plan target	2009 update
Proportion of country, regional and global programmes with at least 75% of annual output targets achieved	51% of country offices	75% of country offices	91% of country offices
Percentage of UNFPA units with carry-forward of core programme resources below 10% of the ceiling (UNFPA units refers particularly to country offices as per the indicator definition)	77%	90%	81.6%
Number of South-South initiatives providing knowledge, learning and training for building national capacity	102	at least 255	409

88. **MRF output 3: UNFPA maintains motivated and capable staff**. Investing in staff capacity, security and motivation is one of the Fund's priorities. UNFPA divisions and offices reported various efforts towards strengthening human resources management during the year. In response to the 2008 global staff survey findings (as reported last year in DP/FPA/2009/2, Part I), UNFPA has drafted a new policy on rewards and recognition, revised its work-life policy and personnel policy, as well as the policies on fraud, accountability and disciplinary measures, and harassment. A more comprehensive staff survey was launched for 2009 and the data from this survey will inform the midterm review of the UNFPA strategic plan.

89. The staff selection process was streamlined through the introduction of a new vacancy management tool. Major changes were implemented related to contractual reform and new United Nations staff rules. UNFPA also conducted key analysis for strategic planning including on trends in staff performance through data from its innovative performance appraisal and development (PAD) system as well as an analysis based on retirements and staff movements to identify key positions and functional streams. UNFPA has developed a new framework of corporate learning programmes which has identified learning opportunities for all categories of staff linked to the UNFPA competency framework. A system of tracking learning and development of UNFPA staff has been put in place and will be launched in 2010.

90. The new organizational structure resulted in a number of staff movements and influx of new staff, as well as loss of institutional knowledge as some senior staff have taken separation or have retired. To address this, UNFPA is revamping the induction programme and developing corporate learning programmes, with a particular focus on the fundamentals of results-based programming and management. Another challenge that remains is recruiting staff for duty stations with a complex environment.

Table 15
MRF output 3: Strategic plan indicator update

Indicator	Strategic plan baseline	Strategic plan target	2009 update
Percentage of staff who are satisfied with their job and motivated for success	76% are satisfied with their job 86% are motivated to make UNFPA successful Source: 2006 Global staff survey	Maintain at least the same level of satisfaction and motivation	77% are satisfied with their job 88% are motivated to make UNFPA successful Source: 2008 Global staff survey
Recruitment time from advertisement of post to provisional offer	International: 6 months Local: 4 months	International: 4 months Local: 3 months	International: 4 to 5 months Local: Data not available

B. Partnerships

91. **MRF output 4: Effective partnerships that protect and advance the ICPD agenda to be maintained and expanded**. UNFPA enjoys strong partnerships with diverse stakeholders for advocacy, policy dialogue, service delivery, capacity development and resource mobilization for the ICPD agenda. During 2009, the key advocacy initiative by UNFPA was the ICPD at 15 anniversary. This provided an opportunity to initiate new partnerships, including with faith-based and civil society organizations. A series of events in 2009, including the commemorative event at the United Nations General Assembly, regional meetings, the Berlin NGO Forum co-sponsored by the German Government, the high-level meeting on maternal health (MDG 5) co-sponsored by the Netherlands Government, and the international parliamentarians conference on the implementation of the ICPD Programme of Action (IPCI/ICPD) held in Addis Ababa, Ethiopia, resulted in strengthened partnerships and increased commitment to ICPD goals and principles. The ICPD at 15 meeting outcomes and products, including the reports, *Healthy Expectations – Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action* and *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, will be utilized for advocacy, policy dialogue and building partnerships at all levels.

92. The Fund's global health initiative played a role in strategic positioning and coordination across International Health Partnership (IHP) core and working groups and the countdown to 2015. The H4 partnerships were strengthened at country level, as in the Democratic Republic of the Congo and Nigeria, where UNFPA partnered with WHO, UNICEF and the World Bank to conduct a joint situational analysis on maternal health. UNFPA country offices have reported diversifying/expanding partnerships with new implementing partners including FBOs. In Botswana, UNFPA partnered with the Botswana Council of Churches and reached church leaders and wider religious communities on SRH issues. Innovative examples of collaboration with private sector companies include partnership with private banks and companies to support the ICPD mandate. UNFPA offices collaborated with parliamentarians, first ladies, development partner forums and FBOs to advocate for the ICPD agenda.

93. The 2008 MOPAN independent survey findings[5] indicated that in the nine survey countries MOPAN country teams perceived UNFPA to be comparatively strong in advocacy, supporting and

[5] See also http://www.mopanonline.org/publications/4.

aligning its own work with partner governments' national development strategies, inter-agency coordination and harmonization within the United Nations. Preliminary findings from the UNFPA 2010 partner survey also indicate that UNFPA was considered a "valued partner" by over 90 per cent of respondents who evaluated UNFPA contribution to reproductive health and rights, including HIV/AIDS, as "very effective/effective". However, there is continued need to strengthen partnerships to accelerate efforts for maternal health and family planning to achieve MDG 5. UNFPA will build on the groundbreaking resolution 11/8, adopted by the Human Rights Council in 2009, recognizing maternal death and illness as a pressing human rights concern; and on the launching of the Network of Men Leaders as part of the United Nations Secretary-General's UNiTE to End Violence against Women campaign (see also http://www.un.org/en/women/endviolence/about.shtml).

Table 16
MRF output 4: Strategic plan indicator update

Indicator	Strategic plan baseline	Strategic plan target	2009 update
Percentage of respondents assessing UNFPA as strong in advocacy in support of poverty reduction and MDGs	65% Source: MOPAN survey, 2005	80%	MOPAN reported that 'a great majority of the MOPAN country teams appreciate the UNFPA advocacy role on issues related to its mandate' Source: MOPAN survey, 2008
Percentage of main UNFPA global partners who are perceived by UNFPA as effective and very effective in promoting the ICPD agenda	38% assessed as very effective 57% as effective 5% as somewhat effective	42% very effective 53% effective 5% somewhat effective	84.4% as effective and very effective Note: Changed to include more partners, figure not comparable to previous years

94. **MRF output 5: Ensured leadership of UNFPA and active participation in the United Nations reform**. Guided by the recommendations of General Assembly resolution 62/208, UNFPA updated its strategy on United Nations reform in 2009. UNFPA experience in the eight pilot countries continues to be very positive, and United Nations reform has generally provided a favourable environment for expanding the partnership base for the implementation of the ICPD Programme of Action as an integral part of national development strategies. In addition, UNFPA has been heavily engaged in promoting the harmonization of business practices at the country level. Challenges that remain relate mainly to the mobilization of resources and the heavy workload during the initial stages of implementing "Delivering as One". UNFPA offices have reported active participation and contribution to United Nations working groups for joint initiatives and products. UNFPA chairs and coordinates working groups in a wide range of areas. For example, in Cameroon, Fiji, Ghana, Malawi, Niger and Senegal, among others, UNFPA is chairing/co-chairing the monitoring and evaluation UNCT working groups. In Kenya, UNFPA is co-chair for three of the six United Nations Development

Assistance Framework (UNDAF) outcome groups and UNFPA chairs the gender working group in a number of countries, including Azerbaijan, Bhutan, Fiji, Islamic Republic of Iran and Papua New Guinea. However, country offices have reported that due to the size of UNFPA offices at country level and the level of the staff, it is not always possible to be represented adequately even in key forums. Staff reported being overstretched with the development of the One Plan while continuing to implement the current one. The simplified UNDAF guidelines developed during 2009, and to which UNFPA contributed, are envisaged to ease some of the programme planning transaction costs. Despite the constraints, UNFPA offices reported 221 active joint programmes in 2009, surpassing the MRF target. Also, full coherence with national priorities was reported in 93 per cent of the joint programmes and 85 per cent of the joint programmes were reported to comprehensively reflect the ICPD agenda (see table 17 for details).

Table 17
UNFPA participation in joint programmes, 2009

Total active joint programmes in reproductive health, population and development and gender equality and others	221
Access and utilization of family planning services	4
Access of young to sexual and reproductive health	13
Access to maternal health services	23
Demand and utilization of HIV/STI services	25
Promote sexual and reproductive health rights and demand	13
Emerging population issues in development	5
Young people's rights and needs	23
Population dynamics and interlinkages	14
Population, gender and sexual and reproductive health data for development	13
Gender equality and human rights in policies	23
Gender equality, reproductive rights and empowerment	10
Human rights protection systems and mechanisms	11
Response to gender-based violence	32
Others	12

95. The geographical proximity of UNFPA regional offices to sister agencies facilitated active engagement in United Nations reform efforts. All UNFPA regional offices reported active participation in the regional directors teams (RDTs). Some examples of UNFPA leadership include the following: in the Arab States region, which is leading the peer-support group on quality assurance, UNFPA contributed to development of the RDT strategy on quality assurance; in the Asia and the Pacific region, UNFPA made a significant contribution to the development of the United Nations Development Group (UNDG) quality assurance tools and led in the inter-agency working groups on gender, data and HIV/AIDS; in the Eastern Europe and Central Asia region, UNFPA contributed to UNDG guidance on simplification of the UNDAF process; and in the Africa region, UNFPA played a leadership role in contributing to improving the functions/structure of the RDTs. By embracing reform, UNFPA has carved out a recognized leadership role for itself among the United Nations entities through active participation in and stewardship of key theme groups.

Table 18
MRF output 5: Strategic plan indicator update

Indicator	Strategic plan baseline	Strategic plan target	2009 update
Number of active joint programmes with other United Nations agencies	143 Source: Country office annual reports	180	221
Milestones of implementing High-level Commitee on Management (HLCM) business practices initiative	HLCM business practices workplan agreed	HLCM business practices workplan implemented	2009 milestones - Common procurement at country level advanced - Common information and communication technology structure piloted -Vendor eligibility project launched -Intensive efforts continued with donors which have resulted in $8.8 million total contribution as of February 2010 - UNFPA has co-led a joint HLCM-UNDG high-level mission in 2010 on business practices

96. **MRF output 6: Improved accountability for achieving results at all levels**. In accordance with its accountability framework (DP/FPA/2007/20), UNFPA continued to strengthen accountability and oversight at all levels.

97. In 2009, special attention was given to communication and training on ethics to increase staff awareness of ethical behaviour in the workplace and to motivate staff and management to partner with the Ethics Office in promoting an ethical culture in UNFPA. As part of this endeavour, UNFPA launched its e-learning module on Ethics, Integrity and Anti-fraud. By the end of 2009, 67 per cent of UNFPA staff had completed this training course. Pursuant to section 5.4 of the Secretary-General's bulletin ST/SGB/2007/11 on "United Nations system-wide application of ethics: separately administered organs and programmes", the UNFPA 2009 ethics report was reviewed by the United Nations Ethics Commitee. The Committee concurred with the report and "recognized the strong support of the Executive Director of UNFPA in fostering a culture of ethics and integrity within UNFPA as evidenced by her commitment to and engagement in ethics-related activities led by the UNFPA Ethics Office." The Committee also noted the initiatives undertaken by the UNFPA Ethics Office in "raising staff awareness of ethics and integrity, particularly by promoting ethics training and other related activities during the reporting period".

98. In order to strengthen anti-fraud programmes and controls, UNFPA is working on the implementation of a forensic data analytics software system. Also, to strengthen fraud and misconduct awareness, a new dedicated intranet web page is being developed.

99. The UNFPA Division for Oversight Services (DOS) carried out 12 audits in the field and three at headquarters relating to national execution, thematic trust funds and travel services. A total of 295 recommendations were issued under the five risk categories: external, relationship, people, process and technology risks. An improved and documented process will aim to allow the closure of recommendations within 24 months from the time of completion of the audit. UNFPA regional offices reported making special efforts towards monitoring country office actions on audit findings and recommendations.

100. Findings from the DOS 2009 evaluation quality assessment (EQA) highlight a critical need for strengthening this area. A decline in the number of evaluation reports submitted for the EQA and significant quality challenges in terms of meeting the Organization for Economic Cooperation and Development (OECD)/Development Assistance Committee (DAC) evaluation criteria were observed. However, improvement was noted in the assessment of gender mainstreaming. The implementation of the new UNFPA evaluation policy is expected to lead to an increased number of evaluations and strengthening of the quality of evaluations. To address the issues raised in the assessment, UNFPA has prepared a comprehensive corporate biennial evaluation plan; tracking mechanisms are being put in place; and evaluation guidelines are being revised.

Table 19
MRF output 6: Strategic plan indicator update

Indicator	Strategic plan baseline	Strategic plan target	2009 update
Milestones of UNFPA accountability framework implementation (decision 2007/40)	UNFPA accountability framework is in place to serve as a road map for improved accountability	Fully implemented accountability framework	100% compliance rate among staff required to file financial disclosure statements in the 2009 filing cycle in respect of the 2008 calendar year 67% staff completed mandatory online course on Ethics, Integrity and Anti-fraud Evaluation policy developed and approved by the Executive Board
Percentage of staff performance plans and appraisals completed on time	80%	95%	95%

101. **MRF output 7: Ensured sustainable resources for UNFPA.** UNFPA surpassed the funding targets for core and non-core resources in 2009. It secured multi-year commitments from 54 countries and received core contributions exceeding $1million from 19 donors. This was slightly less than the 21

originally anticipated, mainly due to the financial crisis. In 2009, UNFPA launched an updated version of the resource mobilization toolkit providing guidance and information to country offices on resource mobilization. Also, a new tool was developed for monitoring donor agreements that will allow systematic tracking of reporting to donors.

102. Several UNFPA regional and country offices undertook specific efforts in the area of resource mobilization, including donor mapping exercises, resource mobilization workshops, and dedicated sessions during the regional planning meetings. Many country offices reported developing country-specific resource mobilization plans and strategies. Some country offices, including in Ethiopia, Georgia, Namibia and the Philippines, reported surpassing their resource mobilization targets and focused on setting up mechanisms and strengthening programme management and monitoring. However, many other offices experienced challenges due to the global financial crisis and this was also reflected in the overall decrease of UNFPA co-financing income in 2009. Resources were mobilized for specific UNFPA comparative advantage areas such as the census in Ghana, Fiji, Kenya, Kyrgyzstan and Pakistan. As part of the overall effort to engage the private sector, UNFPA established an innovative partnership with an international clothing company (H&M) and mobilized financial support for Y-PEER (youth network) activities in Bahrain, Egypt, Oman and Turkey.

103. A good practice reported by many country offices was in the area of collaborative fund-raising through joint programming with United Nations agencies. In 2009, an increasing share of UNFPA resources has been raised through United Nations joint funding mechanism. Countries such as the Lao People's Democratic Republic and Nepal reported that these collaborative activities saved resources and time and prevented duplication of efforts. Moreover, resources and expertise were shared among the agencies.

104. In 2009, the effects of the global financial crisis were among the main challenges for resource mobilization efforts. Predictability remains a key challenge and this is also evident in the setting up of the multiple multi-donor trust funds, coherence funds and joint fund-raising. Other challenges include delays in the disbursement of funds and low implementation rates. UNFPA has developed an overall resource mobilization strategy which will be operationalized in 2010 to facilitate a more coherent approach to resource mobilization.

Table 20
MRF output 7: Strategic plan indicator update

Indicator	Strategic plan baseline	Strategic plan target	2009 update
Percentage of donors contributing $1 million or more who maintained or increased their core contribution in national currency	100% Source: UNFPA statistics	100% is maintained	UNFPA secured multi-year commitments from 19 top donors who contributed more than $1 million each (This was slightly less than 21 donors as originally anticipated)
Percentage of annual strategic plan funding target achieved	100% of the multi-year funding framework (MYFF) target	100% of the strategic plan target	>100%

105. **MRF output 8: Improved stewardship of resources under UNFPA management**. UNFPA improved stewardship of resources under its management during 2009, particularly in the context of national execution and audit recommendations. The Fund increased the rigour of country office management of financial resources by instituting the requirement of monthly accountability reports. Oversight was strengthened concerning cash transferred to implementing partners by providing country offices with comprehensive guidance on roles and responsibilities. Prudent use of biennial support budget (BSB) resources resulted in savings which were directed to programme activities. Also, system controls over BSB expenditures were strengthened to prevent overexpenditure of the travel budget line. Procurement procedures were strengthened and the online contracts review committee system resulted in better governance of the review process. The risk of fraud was reduced by outsourcing responsibility for vendor management. A comprehensive review of UNFPA internal controls was conducted and internal controls were strengthened and harmonized with the best practices of other agencies through changes in financial rules and regulations which were approved by the Executive Board. The UNFPA National Execution Unit developed a new online system for more effective and comprehensive management of the national execution (NEX) audit process and the follow-up to audit recommendations.

106. UNFPA regional offices reported working to improve overall management of funds both at country and regional levels. Some measures taken include regular follow-up with country offices on implementation of audit recommendations to improve financial oversight and control, as well as measures to reduce financial management risks. Efforts were made to enable the timely distribution and re-distribution of additional funds. Monitoring of country and regional programme expenditures was conducted to ensure compliance with the ceilings and output level allocations. Periodic review of implementation rates and operating fund accounts helped monitor and assess the use of both regular and other resources. However, country offices reported that the late availability of the mobilized funds delayed country programme implementation. One of the challenges reported in financial management was the delay in implementation of the harmonized approach to cash transfers to implementing partners (HACT) and the offices worked under direct payments. Also, in the absence of comprehensive bank systems, cash management becomes a real challenge when there is limited financial management capacity amongst implementing partners. This is being addressed in Namibia, for example, through building implementation partners' capacity and providing constant monitoring and guidance.

Table 21
MRF output 8: Strategic plan indicator update

Indicator	Strategic plan baseline	Strategic plan target	2009 update
Programme implementation rate for core and other resources by the end of the third quarter	Core resources: 58.2% Other resources: 48.1% Source: Atlas report	Core resources: 70% Other resources: 70%	Core resources: 64.8% Other resources: 56.6%
Distribution of resources among global, regional and country programmes to conform with strategic plan integrated resources framework	2004-2007 MYFF: Country programmes: 54.2% Global and regional programme: 10.8%	Strategic plan: Country programmes: 56.8% Global and regional programmes: 11.1%	Country programmes: 50.8% Global and regional programmes: 13.6%

107. **MRF output 9: UNFPA will have become a stronger field-focused organization**. The new UNFPA organizational structure ensures that country concerns are central to the Fund's operations, processes and culture, and that management decisions serve the needs of country offices. The UNFPA 2008 global staff survey reveals that staff have positive perceptions of senior management's commitment to and support for the country offices. Seventy-five per cent of staff responded that senior management is committed to ensuring that support is continuously provided. Sixty per cent of the respondents agreed that in making decisions management can be relied on to put the best interest of UNFPA ahead of the interests of individual work units, compared to 53 per cent in 2006.

Table 22
Support provided by regional offices to countries

Areas of support by regional offices to countries	Number of country offices	Percentage of distribution of support
Strategic guidance on common country assessment/United Nations Development Assistance Framework, country programme formulation and implementation	42	34.7%
Technical contribution to the programming process	85	70.2%
Coordination of inputs from other headquarters divisions for improved quality of programming	55	45.5%
Joint review of the country programme/projects in terms of relevance and effectiveness	28	23.1%
Support to country programme monitoring and evaluation activities	49	40.5%
Political support to help better position country programme vis-à-vis government priorities in the national development context	36	29.8%
Support to the United Nations country team	33	27.3%
Other	33	27.3%
Any type of support reported	121	100%

108. UNFPA regional offices have reported that being located in the field and close to countries and regional partners has facilitated greater interaction and more effective collective response to country needs. Regional offices are also able to undertake close monitoring of the security situation in the field and its impact on programming and staff security. There has also been a shift in the way support is provided to country offices. In all regions, UNFPA is utilizing to different degrees the new approach to provide integrated technical and programmatic support to countries. All requests were consolidated in a one-stop-shop approach, reviewed jointly and a plan of action agreed. Also, media support was more strategically aligned with key events and issues at the country and regional levels.

109. Regional offices institutionalized in-depth discussions on country programmes undergoing a new UNDAF cycle during which political, programmatic, technical, operational and human resource aspects were discussed, and integrated proposals for engagement formulated. Day-to-day interaction among staff dealing with different aspects of the country needs contributed to a deeper and wider understanding of the issues at hand, thus improving the quality of response and follow-up. Proximity to

countries also enabled shorter and more timely visits by staff compared to previous years. As can be seen from table 22, regional support was provided on a wide range of areas from office/programme/change management to aid effectiveness and human resource issues. However, there is need to strengthen the timeliness and quality of support in the move towards excellence. The transition to the new organizational structure is not yet complete, with some regional offices yet to be fully established. Nevertheless, an increase in field focus is clearly apparent from the regional reports.

Table 23
MRF output 9: Strategic plan indicator update

Indicator	Strategic plan baseline	Strategic plan target	2009 update
Percentage of all biennial support budget posts established in the field	77% Source: Atlas report	82%	82% (BSB posts in the field, compared to total number of BSB posts remained 82% during 2009)
Percentage of respondents saying UNFPA country offices have contributed significantly to improved cooperation with partners in the field	37% Source: MOPAN survey, 2005	50%	Overall, MOPAN country team perceptions of UNFPA contribution to policy dialogue with governments are positive. Bilateral interaction with governments generally was reported to be stronger. MOPAN 2008 also reported that country teams value the quality of UNFPA contributions to local donor working groups

V. OPERATIONALIZING THE UNFPA ORGANIZATIONAL STRUCTURE

110. This section provides an update on operationalizing the UNFPA organizational structure approved by the Executive Board at the second regular session 2007 (see decision 2007/43). The year 2009 has seen significant progress in establishing the operating systems for regional offices in their new locations. While challenges remain in terms of finalizing host country agreements and completing the premises (Egypt, Kazakhstan, Senegal and Thailand) there has been good progress in many other areas of operations. Operational issues concerning human resources have been addressed. Following the withdrawal of the Slovak Government's offer to host the regional office for Eastern Europe and Central Asia (EECA), UNFPA brought its staff to New York pending the identification of a new host country. Offers were received from four other governments to host the EECA regional office. A process to identify a suitable city to locate the regional office, based on existing criteria, is in progress and EECA is temporarily functioning from New York. Meanwhile, the regional office for the Arab States continues to temporarily function from New York, pending finalization of the host country agreement with the Government of Egypt.

111. As reported under MRF output 9, UNFPA regional offices have adapted well to their new environments and are engaging other United Nations agencies and providing more comprehensive integrated support to countries than in the past. Improvements have also been reported in the support

provided by regional offices to country offices with the most significant improvements being noted in the quality, relevance and impact of country programmes. Timeliness of support is improving but needs to be enhanced. This reflects the challenges of integrating technical assistance with programme support at the regional levels and building the networks of capacity that can address the region's needs in a prompt and timely fashion.

112. In order to monitor the effectiveness and efficiency of the operationalization of the organizational structure, the Fund has identified a set of indicators (from available sources such as the UNFPA country office annual reporting system), including indicators that capture the quality of support provided by the regional offices to the country offices. UNFPA will track and analyse these indicators annually. A comprehensive review will also be part of the strategic plan midterm review that will be reported on in 2011.

VI. INTEGRATED FINANCIAL RESOURCES FRAMEWORK

113. The overall resources, both regular and other, expended in the three focus areas of the strategic plan are indicated below in table 24, including per outcome. The Statistical and financial review, 2009 (DP/FPA/2010/17 (Part I, Add.1), provides details of UNFPA income and expenditures for 2009, including expenditures by programme areas, region and country classification groups.

Table 24
UNFPA assistance by strategic plan outcomes*

	Regular resources $ millions		Other resources $ millions	
	2008	2009	2008	2009
Population and development	68.9	76.9	55.1	38.4
Outcome 1.1 Population dynamics	28.5	35.3	14.4	15.2
Outcome 1.2 Young people's rights and multisectoral needs	7.1	3.5	3.8	3.5
Outcome 1.3 Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS	28.0	27.7	35.9	18.4
Outcome 1.4 Emerging population issues	5.3	10.4	1.0	1.3
Reproductive health and rights	165.0	170.0	135.5	227.0
Outcome 2.1 Reproductive rights and SRH demand promoted	30.1	47.5	39.6	95.6
Outcome 2.2 Access and utilization of quality maternal health services	86.5	70.2	53.7	69.1
Outcome 2.3 Access to and utilization of quality voluntary family planning services	14.5	14.3	12.8	19.6
Outcome 2.4 Demand, access to and utilization of quality HIV and STI prevention services	16.6	16.6	18.2	22.7
Outcome 2.5 Access of young people to SRH, HIV and gender-based violence prevention services	17.3	21.4	11.2	20.0
Gender equality	35.6	40.3	23.5	39.0
Outcome 3.1 Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights	10.7	12.1	6.9	5.2
Outcome 3.2 Gender equality promoted through an enabling socio-cultural environment	12.5	10.1	3.8	7.4
Outcome 3.3 Human rights protection systems	2.1	1.8	3.8	3.6
Outcome 3.4 Responses to gender-based violence	10.3	16.3	9.0	22.7
Programme coordination and assistance	67.7	60.7	(0.7)	(2.0)

Total**	337.2	347.9	213.5	302.4

**The 2009 data used are provisional. The 2008 data include projects which were coded using the UNFPA 2004-2007 multi-year funding framework Atlas output codes. These codes are different from the ones used for the 2008-2011 strategic plan. Therefore, data for 2008 and 2009 may not be directly comparable.*
***Totals may not add up due to rounding.*

VII. MIDTERM REVIEW OF THE STRATEGIC PLAN AND RELATED PROCESSES

114. In its decision 2009/16, the Executive Board extended the UNFPA strategic plan 2008-2011, including the integrated financial resources framework and the global and regional programme, to 2013, and requested UNFPA to submit a midterm review of the strategic plan at the Board's annual session 2011. The MTR report will provide a cumulative analysis for the three-year period, 2008-2010. Thus, a consolidated annual report for 2010 containing the MTR of the extended strategic plan, 2008-2013, would be submitted to the Executive Board at the annual session in 2011.

115. In the context of the extension of the strategic plan to 2013, the MTR will revisit the results frameworks and provide updated targets for the indicators for tracking progress from the baseline data during the six-year period, 2008-2013. The MTR will also update the integrated financial resources framework for the extended period. In addition, UNFPA will use the opportunity of the midterm review of the plan for strategic re-positioning of the Fund in the context of the changing aid and development environment.

VIII. ELEMENTS FOR A DECISION

116. The Executive Board may wish to:

(a) *Take note* of the documents that make up the report of the Executive Director for 2009: DP/FPA/2010/17 (Part I), DP/FPA/2010/17 (Part I, Add.1), and DP/FPA/2010/17 (Part II);

(b) *Welcome* the achievements and progress delineated in the present report of the Executive Director for 2009 and *take note* of the 2009 update on the strategic plan development and management results indicators, in response to decision 2009/16;

(c) *Request* the Executive Director to submit at the Executive Board annual session 2011, a consolidated annual report for 2010 that contains the midterm review of the extended strategic plan, 2008-2013;

(d) *Recognize* the significance of increasing contributions and achieving predictability in contributions to UNFPA regular resources, which are the bedrock of UNFPA operations; and *encourage* all countries that are in a position to do so to make their contributions early in the year and to make multi-year pledges;

(e) *Emphasize* that UNFPA needs strong political and increased financial support as well as increased and predictable core funding in order to enhance its assistance to countries to fully integrate the agenda of the International Conference on Population and Development into national development strategies and frameworks and to achieve the internationally agreed development goals.

FOCUS AREA: POPULATION AND DEVELOPMENT

Outcomes	Outcome indicators	Baseline (2007)	Target (2011)	Progress (2009)
1.1 Population dynamics and its interlinkages with gender equality, sexual and reproductive health (SRH) and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks	Proportion of national development plans/policies (NDPs), including poverty reduction strategies that incorporate population dynamics, reproductive health, including HIV/AIDS and gender equality	72% population & development (P&D) 70% SRH 69% gender equality	90% of new/updated NDPs	78.8% P&D 74.7% SRH 78.0% gender equality
	Resources mobilized for population activities •Donors (in billions) •Developing countries (in billions)	$7.4 billion $23.1 billion	Increase by 25%	$10.2 billion $23.3 billion
1.2 Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend	Proportion of countries that address young people's multisectoral needs within their national development plans and poverty reduction strategies	48.8%	70% of new/updated NDPs	58.0%
	Proportion of countries that have an emergency preparedness plan/document in place that incorporates young people's sexual and reproductive health needs	58.2%	80%	68.6%
1.3 Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation	Proportion of countries that have completed their 2010 round of population and housing censuses as planned	13.3%	85%	31%
	Proportion of countries that have conducted a national household/thematic survey that includes ICPD-related issues	83.2%	10 percentage points increase	94.0%
	Proportion of national development plans that include time-bound indicators and targets from national/subnational databases	86.3%	90% of new/updated NDPs	82.3%
1.4 Emerging population issues – especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment – incorporated in global, regional and national development agendas	Proportion of national development plans and poverty reduction strategies that address the challenges of emerging population issues	55.7%	80% of new/updated NDPs	64.0%

FOCUS AREA: REPRODUCTIVE HEALTH AND RIGHTS				
Outcomes	Outcome indicators			
2.1 Reproductive rights and SRH demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring	Unmet need for family planning (developing regions)	11.1% (2005)	7%	11.2% (2007)
	Proportion of humanitarian crisis and post-crisis situations where the minimum initial service package (MISP) was implemented	57.9%	65%	72.2%
2.2 Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications	Proportion of births attended by skilled health personnel	63.1%	85%	65.7% (2008)
	Proportion of countries with caesarean sections as a proportion of all births that is less than 5%	67.8% rural 27.1% urban	50% rural 20% urban	59.6% rural 17.5% urban
2.3 Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention	Contraceptive prevalence rate (modern methods)	56.1% (2003)	66%	56.1 (2007)
	Proportion of countries with service delivery points offering at least three modern methods of contraception	32.9%	40%	34.6%
2.4 Demand, access to and utilization of quality HIV- and STI-prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased	Percentage of young people with correct knowledge about HIV/AIDS preventive practices	38% female; 40% male	95%	
	Condom use at last high-risk sex	27% women; 33% men	80%	
	Percentage of sex workers reached with HIV-prevention programmes	60%	80%	
	Percentage of HIV-positive pregnant women who received anti-retrovirals to reduce the risk of mother-to-child transmission	33% low- and middle-income countries	80%	45%
2.5 Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young people's development	Proportion of countries with secondary school curricula including gender-sensitive, life skills-based SRH/HIV prevention	30%	40%	36.4%

FOCUS AREA: GENDER EQUALITY				
Outcomes	Outcome indicators			
3.1 Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws	Proportion of countries that implement/enforce policies and laws in line with the United Nations Security Council resolution 1325 on Women, Peace and Security in conflict and post conflict	62.1%	75%	85.7%
	Proportion of countries that have incorporated reproductive rights into their report regarding the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	77.7%	90% of new reports	91.4%
3.2 Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices	Female genital mutilation/cutting (FGM/C) prevalence rate	45.7%	10 percentage points decrease	45.6%
	Percentage of women who decide alone or jointly with their husbands/partners/others about their own healthcare	63.9% married/living together 51.3% not married	10 percentage points increase	65.7% married/living together 52.0% not married
3.3 Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect reproductive rights of women and adolescent girls, including the right to be free from violence	Proportion of countries with reproductive rights incorporated in national human rights protection system	61.7%	10 percentage points increase	66.7%
3.4 Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations	Proportion of countries that have mechanisms in place to monitor and reduce gender-based violence	86.0%	90%	93.6%
	Proportion of countries that include gender-based violence in pre- and in-service training of health service providers	64.4%	75%	72.7%